

Student Services Request for Appeal

Warrior Tag: _____

My major is: _____

Student Name: _____ Phone #: _____
(please print) Last First (Maiden)

Address: _____

The appeal I am filling out is for the following semester:

- Summer _____ (year) Fall _____ (year) Spring _____ (year)

I am requesting an appeal for the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Grade Change for | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> After refund period | <input type="checkbox"/> Summer _____ (year) | <input type="checkbox"/> Financial Aid Suspension |
| <input type="checkbox"/> After last official date | <input type="checkbox"/> Fall _____ (year) | <input type="checkbox"/> Over Hours |
| <input type="checkbox"/> Waive charges on account | <input type="checkbox"/> Spring _____ (year) | <input type="checkbox"/> Already received a degree |
| <input type="checkbox"/> Academic Suspension | | |

**If you are requesting to withdrawal after the refund period, withdrawal after last official date or are requesting a grade change that is due to any medical reason or any reason that can be established by documentation, paperwork must accompany appeal.*

Please provide information and justification for your appeal? _____

THE FOLLOWING SECTION IS TO BE COMPLETED ONLY IF YOU ARE APPEALING YOUR FINANCIAL AID SUSPENSION DUE TO BEING OVER HOURS.

Academic Plan to Complete Degree Requirements

Number of credits completed toward degree: _____ Credits needed to complete degree: _____

Estimated graduation date: _____

List the courses that you will need to take each semester until graduation.

Semester _____	Semester _____	Semester _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date

Signature

Advisor's Signature

For Office Use Only:
GPA: _____ Credits Attempted: _____ Credits Earned: _____ Completion Rate: _____
Previous # of appeals: _____ Special Conditions followed? Yes _____ No _____ N/A _____
Holds _____ Academic Status _____ Special Program: _____

Complete this form and return it to Kelly Downes, Executive Assistant to the Vice President of Student Services, Rend Lake College, 468 North Ken Gray Parkway, Ina, IL 62846. Phone: (618) 437-5321, ext. 1327. Fax: (618) 437-5677.

The Decision of the Committee is Final.